ARTS EDUCATION ORGANIZATIONS AND SCHOOLS APPLICATION FORM-6

Applicants should read guideline instructions to correctly complete this application. Neatly handwrite or type in 12-point. Fill in all questions and fields. Answer required narrative questions, complete the appropriate budget forms, and the checklist on page 51.

Grant Program (Check one box below) ☐ QuickFund\$ Quick Project☐ Arts Education Project☐ Applicant Organization/School/School District Authorizing Official/Contact Name & Title P.O. Box Street Address_____ City_____State__Zip+4___County_
Phone Day___Fax__E-mail_____ Street Address P.O. Box_____ City_____State__Zip+4__County____ Phone Day E-mail Total Project Cost \$ _____ Amount Requested \$ _____ Period of support requested...... Start Date _____ End Date ____ (QuickFund\$ Projects cannot begin until 3 weeks after deadline.) ♦U.S. Congressional District 1□ or District 2 □ ♦State Legislative District _____ (See page 62.) Federal Tax ID Number _____ Official IRS Name ____ Is yours a nonprofit organization? ☐ yes (include IRS tax determination letter) ☐ no Number of years doing business in Idaho _____ Applicant is acting as a Fiscal Agent (see page 7) Write the title and a short summary of this project in the space below. If applicable, list project partners. If you have received a grant, did you submit the required final report? □ yes □ no Authorizing Signatures - I certify that the information contained in this application, including attachments and support materials, is true and correct to the best of my knowledge. I have read and agree to comply with the Legal Requirements of accepting this grant. Authorizing Official (person able to legally obligate the applicant, such as Date chair, president, department head, district superintendent, financial or fiscal officer) Applicant/Project Coordinator Date